

10/705607

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**TO:** Commissioner for Patents  
Attn: Examiner K. Schulerbrandt  
P.O. Box 1450  
Alexandria, VA 22313-1450

**FROM:** Joshua N. Randall

**OUR REF:** 12929.1106US01  
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**Total pages, including cover letter: 11****PTO FAX NUMBER 1.703.872.9306**

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**Title of Document Transmitted: AMENDMENT**

**Applicant:** HOLT ET AL.  
**Serial No.:** 10/705,607  
**Filed:** NOVEMBER 10, 2003  
**Group Art Unit:** 3632  
**Our Ref. No.:** 12929.1106US01  
**Confirmation No.** 4697

Please charge Deposit Account No. 13-2725 in the amount of \$50 for one additional dependent claim. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: [Signature]  
Name: Joshua N. Randall  
Reg. No. 50,719

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

[Signature]  
Signature

December 21, 2004  
Date

GEN031.DOT

01/11/2005 DNASHI 00000003 132725 10705607  
01 FC:1202 50.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10705607

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	* 1
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

		(Column 1)		(Column 2)		(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 22	Minus	** 21	=	1
	Independent	* 3	Minus	*** 3	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

1 9 18

		(Column 1)		(Column 2)		(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=	
	Independent	*	Minus	***	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

		(Column 1)		(Column 2)		(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=	
	Independent	*	Minus	***	=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

### SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

### OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	770.00
X\$18=	18
X86=	
+290=	
TOTAL	788

### SMALL ENTITY TYPE ☐

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

### OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	30
X86=	
+290=	
TOTAL ADDIT. FEE	30

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	